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HORIZONS EXPAND AND RELATIONSHIPS EVOLVE
A BEST PRACTICE RESEARCH STUDY
OF
NEW YORK CITY MENTORING PROGRAMS
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**Final Report for Project Horizons Expand and Relationships Evolve
The Family Center’s OJJDP Mentoring Best Practices Research Study
Contract 2012-JU-FX-0003, October 1, 2012-June 30, 2016**

Introduction

Horizons Expand as Relationships Evolve (HERE) was designed to expand on some of the hypothesized pathways in DuBois and Rhodes’ model of mentoring effectiveness, which linked three properties of the mentor-mentee relationship—mutuality, trust, and empathy—to three dimensions of positive youth development—social-emotional, cognitive, and identity. Youth’s gains in these dimensions were further hypothesized by DuBois and Rhode’s to result in positive academic, psychosocial, and behavioral outcomes.

HERE specifically sought to examine several personality and social-cognitive predictors of establishing a close mentoring relationship that leads to psychological and behavioral well-being in youth. The design assessed mentees’ optimism, self-esteem, and life engagement, and also measured youths’ intrinsic vs. extrinsic orientation toward school, positive and negative coping strategies. Additionally, the study assessed mentees’ personal identification (which we refer to as “self-congruence”) within the relationship with his or her mentor. Activity in self-congruent roles—ones whose behavioral demands are consistent with those represented in the core concept of self—has been linked in several studies to psychological well-being (Bettencourt & Sheldon, 2001; Reich, Harber, & Siegel, 2008; Reich, Kessel, & Bernieri, 2012) and role commitment (Reich, 2000; Reich & Rosenberg, 2004). We also coded (yes/no) whether the mentor relationship remained intact at one year, in line with mentors’ initial commitment.

We hypothesized that successful youth outcomes would be more likely for those paired with mentors who were optimistic, had high self-esteem, and were highly engaged in life. We also hypothesized that youth outcomes would be better for (a) those paired with

mentors who had a predominantly positive self-concept, and (b) those whose experience of themselves with the mentor were predominantly positive.

Goals, Objectives and Performance Measures

- Goal 1: enroll 100 mentor-mentee matches and parents.
 - Objective 1: The Family Center enrolls 40 and the two partner sites each enroll 30 matches (including mentees' parents) in the study
 - Objective 2: each site administers informed consent and collects baseline data
 - Objective 3: each site monitors mentors to ensure timely quarterly activity reports
 - Objective 4: partner sites ensure that mentors, mentees, and parents are available for data collection at 12 months
- Goal 2: recruit 100 youth and their parents for comparison group
 - Objective 1: The Family Center recruits 100 non-mentored youth from its client base and from the communities that are home to the mentored youth; this sample is matched to the mentored group on age, sex, race, ethnicity, and neighborhood
- Goal 3: complete data collection
 - Objective 1: timely data collection at intake (baseline for comparison group) and one year
 - Objective 2: quarterly data collection from mentors on their activities with youth
- Goal 4: dissemination of approach, analyses and results
 - Objective 1: interim analyses and methodological approach to be presented at one regional or national conference each year
 - Objective 2: submit final report to OJJDP by the end of year 3 that documents major findings

- Objective 3: prepare and submit a manuscript to a peer-review journal

Research Questions and Exploratory Analyses

Research Questions:

1. What are the best predictors of positive youth outcome in a mentoring program?
 - a. Mentor personality (optimism, life engagement, self-esteem)
 - b. Mentor social-cognitive characteristics (mentor self-concept negativity)
 - c. Youth personality (optimism, attachment style)
 - d. Youth social-cognitive characteristics (mentee role negativity and integration into the self-concept)
2. Do mentored youth fare better at one year than non-mentored youth?
 - a. What personality or social-cognitive variables predict or moderate this effect?

Overview of The Family Center and its Mentoring Program

Since 1994, The Family Center, located in Brooklyn, NY, has served over 6,000 children and youth who have experienced the traumatic and often stigmatized loss of a parent due to death, substance abuse, incarceration and mental illness. In 1997, we began our mentoring program targeting children who had lost or faced losing a parent to HIV. The program soon expanded to include families impacted by cancer and other illness, caregiver-headed households, children of incarcerated parents, and families in need of child welfare preventive services. Our mentoring program, cited by our clients as one of our most valued services, has matched more than 300 children with an adult mentor. Included in this group are children with significant learning disabilities and behavioral challenges that require extra patience and sometimes specialized knowledge on the part of their mentor. Our agency is deeply committed to including as many children as possible who can benefit in all of our programs, including mentors. Our

staff's high level of training and expertise particularly in family systems theory, child development, disability, trauma and attachment, provide the context needed to train and support volunteers to work with a wide variety of children.

The Family Center has a longstanding commitment to inter-agency and multi-disciplinary collaboration, as we believe collaborative effort offers the best means to improve the knowledge base and to improve our work. We work with other mentoring programs throughout NYC sharing resources and expertise, with particularly strong relationships with mentoring programs who form the NYC Partnership for Mentoring Children of Incarcerated Parents Collaboration. We also maintain an extensive network of more than 150 community collaborators who provide a wide variety of services throughout New York City.

The Family Center, the lead agency for Horizons Expand and Relationships Evolve, is distinguished by its strong commitment to research and evaluation, having been founded with the intention of developing evidence-based, best practices designed to improve outcomes for children whose families are coping with parental loss, absence or crisis. The agency has been funded to conduct a variety of research studies including two randomized control studies assessing intervention effectiveness funded by the National Institutes of Mental Health. Additional studies have been funded by the Ittleson Foundation, Centers for Disease Control and Prevention, the National Institute for Drug Abuse, and the Pfizer Foundation. Family Center staff have published more than 40 papers in peer-reviewed journals, as well as monographs published by the agency.

The Family Center has a proven track record with both private and public funders for running high quality, cost-efficient programs for children and families. We provide free,

bilingual (English and Spanish), and confidential services which rely on home-based service delivery as a key to engaging and retaining families in care. Our service menu includes civil legal services, social services, mental health clinic services for children and their families, special services for caregiver-headed households, specialized services for individuals and families facing the challenges of HIV/AIDS and for women coping with substance and/or alcohol abuse. Our services are home-based when needed, and provided in Spanish and English.

The Family Center's Mentoring Program: The Family Center's approach to mentoring mirrors that of the two partner organizations and involves careful assessment and orientation of all parties, thorough training, thoughtful matching and ongoing support. Family Center mentors go to the home to pick up and return the child and, over time, get to know parent or caregiver and other family members well. Mentors and children participating in all three partner programs decide together what they want to do and when in consultation with the child's parent or caregiver. The mentor is an important source of stability, consistency, and fun for the child and models commitment, sharing, and understanding. Mentors are often the child's most ardent cheerleader and help the child set and achieve realistic goals regarding school and work.

Mentor/child pairs do many things together. Some of the most popular activities among our current matches include going to movies, playing sports, and spending time at museums and in the library. The Family Center adds to this variety by organizing group events for mentor pairs at least four times a year. These events are frequently open to mentor/child pairs of other programs including those involved in the partner-agency programs. These group activities include rock climbing, professional basketball games, museum trips and apple picking.

In order to foster the best possible relationship between a child and a volunteer, all three of the partner agencies conduct thorough assessment of the strengths and weaknesses of the mentor, the mentee and the mentee's parent/caregiver and family system. The families historically served by The Family Center, and those served by the partner agencies, are typically dealing with multiple stressors, including poverty, unemployment, illness or disability and trauma. The assessment process is designed in part to determine whether a family is stable enough to support the child in developing a consistent and appropriate relationship with an adult volunteer (contraindications might be recent family violence, transience, or poor follow-up on the part of the parent or caregiver), whether there are current circumstances that might make it a difficult time for a child to connect with a new adult (such as a very sick parent at home), or characteristics of the child that might not make him/her an appropriate mentee given the scope of TFC's program (e.g. active drug use or extreme medical frailty). Identification of such barriers are not necessarily rule-outs from program participation, but it is important for staff to identify and address them before a child and/or volunteer is put in an uncomfortable, upsetting, or unsafe situation. At The Family Center, this assessment is also intended to identify unmet service needs to be addressed immediately through internal or external referrals.

The Family Center's Mentoring Program has an excellent track record of providing the oversight and support necessary to sustain long-term mentoring relationships. Nearly two-thirds of matches last over one year and over 32% of active matches have been matched for over two years. The cultivation of successful matches requires engaged staff with excellent administrative and interpersonal skills. The matching process is important, yet we are convinced that it is our screening, training and on-going support and supervision that nurture and sustain a long-lasting match. From its inception, The Family Center's Mentoring Program has focused a great deal of

attention on the on-going supervision and support of volunteers, incorporating input from all parties involved in the match.

The goals of mentor supervision are to: (1) catch problems early; (2) provide support to the volunteer as they work to sustain the relationship during times of hardship in the child's life; (3) reinforce boundaries and ensure safety; (4) model communication and suggest approaches to help volunteers nurture the relationship with the child; and (5) recognize and appreciate the work that they do. Volunteers often request help in identifying and maintaining healthy boundaries with the child and the family, advocating for better services for the child if this is a role they choose to take on, and recommending activities that would be fun, low-cost, easily accessible and age-appropriate.

Study Participants

HERE research subjects were youth, parent and mentor participants in mentoring programs run either by The Family Center or one of the two partner agencies. The three agencies, all members of the New York City Mentoring Children of Incarcerated Parents Collaborative, utilized the same mentoring model in which mentors and mentees were matched for a one-on-one relationship and made a commitment to see each other at least two times a month (for a total of 6-10 hours) over the course of a year. Additionally, the three organizations had collaborated to develop shared training and matching protocols and resources. The comparison group was drawn from The Family Center's client base and from the communities served by partner agencies, and consisted of similarly at-risk youth. Although parental incarceration was not a necessary criterion for this group, for the most part these youth lived in households experiencing major crisis, illness, or loss.

All youth referred for mentoring at any of the three sites were initially interviewed by program staff as are their parents or caregivers. This process is designed in part to assess whether a family is stable enough to support the child in developing a consistent and appropriate relationship with an adult volunteer (contraindications might be recent family violence, transience, or poor follow-up on the part of the parent or caregiver), whether there are current circumstances that might make it a difficult time for a child to connect with a new adult (such as a very sick parent at home), or characteristics of the child that might not make him/her an appropriate mentee given the scope of the program (e.g. active drug use or extreme medical frailty). Identification of such barriers were not necessarily rule-outs from program participation, but it was important for program staff to identify and address them before a child and/or volunteer was put in an uncomfortable, upsetting, or unsafe situation. In some cases, program staff requested additional information, such as permission to speak with the child's mental health provider, to gain further information as to how the program could best serve an individual child.

Similarly, all potential mentors were also interviewed one-on-one to assess their appropriateness, motivation, interests, personality style and ability to maintain the commitment that the programs required. Approximately 15% of applicants who were interviewed were counseled out, most often because of concerns about their ability to meet the time commitment. As part of the interview, mentors signed releases for criminal and CPS background checks and submitted the names of three references. Finally, all potential mentors participated in a five-hour training, which covered topics including child development, communication skills and trauma and attachment, as well as program protocols and safety guidelines. After training and screening were completed, program staff matched mentors and mentees on the basis of personality, interests and geography. In line with the extant literature, our experience has shown that sharing

common interests is one of the most important determinants of a close, supportive mentoring relationship. New matches were introduced at a match meeting, held at a program site or at the child's home, in which program staff facilitated "get to know you" activities, reviewed program guidelines, and helped participants set personal goals for what they hoped to get out of the program.

After the initial meeting, mentors, mentees and parents made arrangements for their get-togethers independently. Mentors and mentees decided together what they wanted to do and when in consultation with the mentee's parent or caregiver.

Recruitment of Mentor-Mentee Matches and Parents: Ninety-one mentor mentee matches were recruited and with the child's parent signed consent to participate in the study. Intervention participants were recruited from all three of the collaborating organizations, however, it was clear by the end of Year 1 that the partner agencies were not going to be able to meet their recruitment goals. The Family Center extended recruitment from within its own match pool and was able to cover some but not all of this short-fall. As a result, total match recruitment was 91% of projected total.

In terms of comparison group recruitment, multiple methods were used to engage families in this effort. A large cohort of active and former clients of The Family Center with age-eligible children and who were not interested in participating in the mentoring program yielded a large number of comparison group children. Families were also recruited through Play Streets, a grassroots urban setting initiative that provides communities a safe space to enjoy outdoor warm weather physical activity, and local community groups to which staff had connections.

Parental consent, child assent and mentor consent were obtained prior to participation in the study. For the intervention group, surveys were administered to the parent, child and mentor

during the match meeting were the parent, child, and mentor would first meet and begin their mentor-mentee relationship. Surveys were administered to control group families who responded to recruitment letters or were available on the day The Family Center visited a Play Streets event. All families received a \$30 Target® gift card for their baseline survey and \$50 Target® gift card for 12-month follow-up surveys.

Families enrolled in both the intervention and comparison group were similar demographically: 50% black, 25% Hispanic, 7% white. Forty-two percent of parents participating in the study had a high school diploma; 20% completed some college. Fifty-eight percent of families were single headed households, headed by women. Twelve percent of mothers were married; 12% were widowed, divorced or separated.

Study Findings

The two most relevant findings are:

1. Mentors who scored LOWER on optimism were more likely than high scorers to complete their one-year commitment. The optimism ratings were skewed very high for new mentors, so the ones who scored lower weren't necessarily "low," but the higher ones maxed out on the optimism measure. Perhaps some mentors are over-confident; we cannot know at this juncture because we could not determine mentor relationships did or did not last the full one year.

2. Intervention children with fewer friends were LESS likely to have a full one-year relationship with a mentor.

3. No differences were found in any outcome for mentored vs. non-mentored children at one year. Nor were there differences when the mentor group was split into those whose mentor completed (vs. did not complete) the full one-year commitment.

Near-findings include:

4. At Time 2, a discrepancy measure from intervention children's self-descriptions showed a discrepancy between Me, Overall and Me With My Mentor. A small discrepancy means that the child described each "self" with more or less the same traits. A large discrepancy means that the self-with-mentor was experienced by the child much differently from the self-as-usual. Those with a larger discrepancy were less likely to have a complete one-year term with a mentor. What is interesting is that self-with-mentor very rarely contained any negative trait content. So they were their "good" selves with their mentor, but those for whom such a "good" self didn't match their "usual" self were less likely to have a full one year. This is a near-finding because the N is low, but it is consistent with other findings in prior studies published by the PI.

5. The intervention group saw a significant reduction in parents' negative trait descriptions of their children. This trend was not significant for the comparison group. The intervention vs. comparison difference in trends from Baseline to Time 2 were not significantly different, however.

6. The intervention group saw a significant reduction in children's extrinsic orientation to school (e.g., "I read things because the teacher wants me to"). This trend was not significant for the comparison group. The intervention vs. comparison difference in trends from Baseline to Time 2 were not significantly different, however.

Other notable findings:

7. At Baseline, intervention parents were more likely than comparison parents to rate their children high in negative coping (e.g., sidetracked by minor setbacks, yield to temptation).

8. At Baseline, intervention parents were more likely than comparison parents to describe their children using negative trait terms (e.g., lack confidence, argue a lot, complain a lot).

9. For the entire sample, parents' negative ratings of their children (including negative traits and low positive coping) were correlated with children's negative self-ratings.

Dissemination:

Interim findings were presented at the 2016 Annual Meeting of the Eastern Psychological Association in New York City. A fuller set of findings will be presented at the 2017 meeting in Boston. We are also preparing a manuscript to be submitted to a journal focused on positive youth development.

Conclusion

Two clear messages emerge from our analyses. First, “over-optimism” might be a risk that should be considered when recruiting and training new mentors—perhaps especially when they are paired with more socially isolated children. Second, children almost always have a positive experience of themselves in the mentor relationship. But that positive self-feeling in itself might not be enough to translate into the kinds of outcomes we hope for in a mentoring program, such as an active interest in school and age-appropriate coping behaviors. Perhaps a greater “dosage” of mentoring--more than once per month--is needed. More compelling, however, from our self-perception analyses is the suggestion that many (if not most) children need additional social support to fully internalize these positive mentoring experiences. They need to see that the things they did with their mentors reflect their “real selves” that amount to more than a few enjoyable activities with a temporary friend. Telling and retelling stories about

their times together, and elaborating them into the future, strike us as a highly engaging and growth-promoting educational activity that could facilitate progress toward the desired outcomes. Partnerships with educators or other child specialists would seem well worth pursuing. Their developmental expertise would be invaluable as we design fun, collaborative, and age-appropriate psychoeducational activities.